

JUL 23 1957

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **25665**

BIRTH NO. _____		REG. DIST. NO. <b>275</b>		PRIMARY REG. DIST. NO. <b>3053</b>		Registrar's No. <b>122</b>	
1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. LENGTH OF STAY (in this place) <b>Rolla</b>		c. CITY OR TOWN <b>Lebanon</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>??</b>			
3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>		a. (First)		b. (Middle)		c. (Last) <b>WITT</b>	
4. DATE OF DEATH <b>16 July, 1957</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M rried</b>		8. DATE OF BIRTH <b>24 Dec. 1868</b>		9. AGE (In years last birthday) <b>88</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Brumley Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jno. Witt</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Moore</b>	
14. NAME OF HUSBAND OR WIFE <b>No record</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>?</b>		16. SOCIAL SECURITY NO. <b>no record</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nursing Home records</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Advanced Arterio-sclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>yes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>2-9</b> , 19 <b>56</b> , to <b>7-16</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>7-15</b> , 19 <b>57</b> , and that death occurred at <b>1:50 P.m.</b> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <b>James M. Myers M.D.</b>	
23b. ADDRESS <b>Rolla, Mo.</b>		23c. DATE SIGNED <b>7/18/57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>16 July, 1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Eldon, Missouri</b>		24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>Rolla, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 18, 1957</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>Rolla, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 257

Date Filed JUL 22 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *S. L. Muel* .....

Licensed Embalmer No. 339

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.